

**RECORDS INSPECTION COPY REQUEST DENIAL
CITY OF WICHITA, KANSAS**

(To: Requester Information)

NAME:

ADDRESS:

(Street)

(State)

PHONE:

(City)

Your request, dated _____, for () inspection () copies of the following records
has been denied

Record Title/Date

1)

2)

3)

(Title or Description of Record Requested)

The undersigned records custodian has determined that:

The record requested is not a record which is made, maintained, kept by or in the possession of:
the City of Wichita
this office, but may be obtained at

The record requested is not required to be disclosed under the Kansas Open Records Act
(Section of Act)

Access to the record requested is restricted under federal or state law
(cite law relied upon)

Any available method of mechanical reproduction would result in damage to the requested record.

Other (specify)

You may attempt to resolve any dispute over the denial by contacting the LFIO. If unresolved, it is your right to challenge this denial by means of a legal action brought in District Court.

Records Custodian

(Date)

(Time)

AM/PM

Copies to: City Clerk/CFIO
Department of Law